

Risk and Resiliency Vignette

Ms. X calls Rose, the director of Happy Days Preschool. It is February. Ms. X's daughter M had attended Happy Days last year and had been in the 3 & 4 year olds class. Ms. X had taken her out of Happy Days last summer and switched her to another preschool. Now she explains tearfully on the telephone that M has been expelled from the new preschool. "A lot has happened," Ms. X explains. "I am really hoping M can return to Happy Days."

When Rose meets with Ms. X, she learns the following: M was in a serious accident the previous summer. Her leg had been cut very badly by the blade of a tractor driven by her 14-year-old cousin. The doctors had been able to save the leg, but there was extensive nerve damage such that M now wore a brace, and there was concern that the leg might atrophy. Reconstructive surgery was scheduled for a few months hence.

Ms. X reported angrily that the new preschool director had called her to say that M acted aggressively towards other children and that the other children were disturbed by the sight of her brace and that she didn't want M to return the next week, saying simply "this is not the right school for M."

Ms. X also reported that she and her husband were in the process of separating and she was overwhelmed with the care of M, her 3-year-old son and one-year-old twins. She pleaded with Rose to accept M back into Happy Days "so at least one thing can go back to normal for her."

What potential risk and resiliency factors might one identify in this vignette?

Santa Clara County Core Providers Training Program

Supporting Baby Steps: Risk and Resiliency-Informed Intervention in Infant/Family & Early Childhood Mental Health Work

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This seminar is designed to deepen participants' understanding of issues of risk and resiliency in the first 5 years; make links between conceptual grasp of the issues and questions of intervention/implementation; and provide opportunities for reflection regarding both personal and professional (role-specific) experiences with risk and resiliency.

Learning Objectives:

- 1) Participants will demonstrate awareness of a range of possible risk factors such as genetics, medical, birth weight, substance exposure, family, culture, social, economic factors, abuse/neglect, relationships and will understand that:
 - A) Correlation does NOT imply causation.
 - B) It is multiple, combined risk factors rather than discrete risk factors that are predictive of adverse outcomes.
 - C) "Vulnerabilities" and "protective factors" may be a helpful language.
- 2) Participants will understand the relationship between resilience and protective factors.
- 3) Participants will design intervention strategies that are responsive to risk/vulnerability factors.
- 4) Participants will design intervention strategies that are responsive to protective factors.
- 5) Participants will practice formulating strategies based on parent concerns, priorities and resources, including consideration for culture, language and education.

Schedule:

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| 1:00 – 1:15 | Introduction |
| 1:15 – 2:00 | Risk Factor exercise <ol style="list-style-type: none">1) read vignette2) list risk & protective factors you identify3) within your role, what is an intervention you might implement that is responsive to both risk & protective factors?4) discuss as large group5) reflective writing on personal risk factors6) discuss in small groups |
| 2:00 – 3:00 | View film & discuss in large group |
| 3:00 – 4:00 | In small groups read & discuss Breach & Reparation vignette |

Parent-Child Relationship Competencies
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- 1.) Child is able to signal needs clearly. Parent is able to register and respond effectively to child's needs.
- 2.) Child is able to grow and maintain physical health. Parent is able to promote child's health and access pediatric care as needed. Parent is able to maintain his or her own health and wellbeing.
- 3.) Parent has the capacity to provide protection and comfort for child. Child seeks out and accepts comfort and protection from parent.
- 4.) Parent is able to be emotionally attuned to/empathize with child. Child is able to experience and express a full range of human emotion.
- 5.) Parent has the capacity to self regulate and to engage in mutual regulation with child. Child is able to participate in mutual regulation with the parent and is developing the capacity to self-regulate.
- 6.) Parent has the capacity to identify and control impulses sufficiently to have rewarding relationships and life experiences, and can foster these abilities in child. Child demonstrates an age-appropriate capacity to identify and control impulses.
- 7.) Child demonstrates a developmentally appropriate capacity for shared focus/mutual attention and is on a path toward being able to focus and attend on his or her own. Parent possesses and promotes these capacities.
- 8.) Child is developing at age level the capacity for two-way gestural and/or verbal communication. Parent talks to child and otherwise facilitates child's entry into language (including bilingualism as appropriate) and confidence in communication.
- 9.) Child demonstrates age expectable problem-solving capacities and confidence that things can be figured out/worked out successfully. Parent possesses and promotes these sensibilities.
- 10.) Child is able to use symbols in developmentally expectable ways to express thoughts and feelings. Parent is able to take satisfaction from symbolic activities and use narration, play, and other interactions to promote these capacities in child.
- 11.) Parent is able to access resources on behalf of child and family. Child is able to make use of these resources.
- 12.) Parent is able to maintain and enjoy a network of family and/or friends that may include a co-parent, and to support child's relationships with this circle. Child is able to enjoy developing relationships with this network of people.
- 13.) Parent is able to set limits with child in ways that promote development. Child is able to make good use of limit-setting interactions in working towards internalizing the ability to assess danger, consider others, follow rules, defer gratification, etc.
- 14.) Parent is able to manage frustration and channel aggression in appropriate directions, and to promote these capacities in child. Child is developing these capacities at age level.
- 15.) Child displays age-appropriate capacity to manage and benefit from separations from parent. Parent has the capacity to plan for and support the child around separations in ways that promote development and wellbeing.

- 16.) Parent takes pride and pleasure in his or her (or family) culture and has the capacity to promote a sense of cultural identity in child. Child is able to take pleasure and pride in family culture.
- 17.) Parent is able to restore a sense of safety, hope, trust and well-being for self and child following a distressing, disturbing or traumatic event. Child is able to be helped to restore a sense of safety, hope, trust and wellbeing following a distressing, disturbing or traumatic event.
- 18.) Parent is able to mourn losses and support child in mourning losses. Child is able to mourn losses in keeping with developmental level.
- 19.) Parent possesses an intact sense of self worth and sees that avenues are available for him or her to make contributions in the world. Parent supports the development of a sense of self worth and the capacity to contribute in the child. Child shows developmentally appropriate signs of a sense of confidence and competence.
- 20.) Parent's perceptions of child are reality-based and attributions toward child are growth-promoting. Child exhibits an age-expectable sense of self-awareness and is able to protest, insist, differ and otherwise assert independent personhood.
- 21.) Parent is able to think about his or her own experience, including how his or her past experiences may be impacting his or her experiences as a parent. Parent is able to conceptualize the child's experience as that of a separate person, and help the child become aware of this. Child shows developmentally appropriate signs of experiencing him or herself as a unique person with interest in and concern for others as separate people.

Inspiration for several of these competencies was drawn from Axis V of the DC0-3R